



COMMUNITY DEVELOPMENT BLOCK GRANT HOUSING REHABILITATION PROGRAM

PRE-APPLICATION

Please complete both sides of this application in its entirety and sign the last page. The Housing Rehabilitation Program maintains a waiting list for assistance. Upon return of this application, your name will be placed on the waiting list. You will be notified in writing when your name approaches the top of the list.

Date:	
Head of Household Name:	Date of Birth:
Spouse's Name:	Date of Birth:
Address: (Number) (Street)	(City) (State) (Zip)
Phone Number:	Alternate Phone Number:
Do you own any other real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list address:	

Head of Household Social Security #:	Spouse's Social Security #:
Please list the <u>total</u> number of persons living in the household:	
Please list the names, relationships, social security numbers and dates of birth of <u>all</u> other adults (<i>18 or older</i>) in the household:	
Name:	Relationship:
Social Security #:	Date of Birth:
1.	
2.	
3.	
4.	

Approximate combined gross income (<i>before taxes</i>) of <u>all</u> persons living in the home: \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Age of Home:	How long have you owned <u>and</u> lived in the home as your primary residence?
Tax Parcel #:	Is your home a co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home a mobile/manufactured home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," do you own the real property on which the home is located? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you operate a business out of your home?

☐ Yes ☐ No If "Yes," please give name and nature of business.

Are you employed by or a relative of any employee of the City of Scottsdale or any non-profit?

☐ Yes ☐ No If "Yes," please list names, relationship, agency, department and dates of employment.

Names: Relationship: Agency: Department: Dates:

1.

2.

Please certify each of the following statements by initialing on the line next to the statement. *(If you cannot certify to each of the following you may not qualify for assistance)*

A. I have received a copy of the Rehabilitation Program Guidelines. _____ *(initial)*

B. I understand the Rehabilitation Program Guidelines. _____ *(initial)*

C. I understand I will be placed on a waiting list for assistance. _____ *(initial)*

D. I understand that assistance may require waiting 6 months or more. _____ *(initial)*

E. I have owned and occupied the home listed above for 1 or more years prior to applying for assistance. _____ *(initial)*

F. I understand the City of Scottsdale may obtain a title and credit report to verify qualification and hereby give my consent to do so. _____ *(initial)*

A Housing Rehabilitation loan may only be used for the sole purpose of home improvements and/or corrections in accordance to the City of Scottsdale's Housing Rehabilitation Standards.

All persons receiving assistance under this program are not eligible to re-apply for Housing Rehabilitation Assistance for 36 months from the date of job completion and the original loan is paid in full.

I certify that all the information I have given and will give in connection with this application, either in writing or orally is true and correct. I understand that false, fictitious or fraudulent statements, or representations to defraud the United States Government of funds voids my application for assistance, as is punishable by fines not to exceed \$10,000 or imprisonment for not more than five years, or both under U.S.C. Title 18, Sec. 1001. I understand that it is the obligation of the City of Scottsdale to prosecute violations.

Signature of Applicant: _____
Date

Signature of Co-Applicant: _____
Date

Credit and title reports may be processed on each person and their property receiving rehabilitation. If IRS tax liens or tax certificates are found, your application will automatically be disqualified, unless written satisfaction of lien is presented to the Program Coordinator.

Please send this completed application to:

Justin Boyd, Housing Rehabilitation Coordinator
7515 E. 1st Street
Scottsdale, AZ 85251-4501

INCOME QUESTIONNAIRE

Name/Address of Head of Household: _____

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Check Yes for a particular type of income if any household member gets it. We'll get the details from you later. Check No only if no member of your household gets the particular type of income.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements, or misrepresentations, of any material fact involving the use or obtaining of federal funds.

Employment Income: this does not include income of children younger than 18 or live-in aides.

	<u>Yes</u>	<u>No</u>
Wages	<input type="checkbox"/>	<input type="checkbox"/>
Salaries	<input type="checkbox"/>	<input type="checkbox"/>
Overtime pay	<input type="checkbox"/>	<input type="checkbox"/>
Commissions	<input type="checkbox"/>	<input type="checkbox"/>
Fees	<input type="checkbox"/>	<input type="checkbox"/>
Tips	<input type="checkbox"/>	<input type="checkbox"/>
Bonuses	<input type="checkbox"/>	<input type="checkbox"/>
Any other amounts adult household members earn from working for other people or from their own business	<input type="checkbox"/>	<input type="checkbox"/>

Benefits payments: this includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Social Security Income.

	<u>Yes</u>	<u>No</u>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Disability pay or benefits	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>
Severance pay	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policy payments to you	<input type="checkbox"/>	<input type="checkbox"/>
Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Retirement fund benefits	<input type="checkbox"/>	<input type="checkbox"/>
Death benefits	<input type="checkbox"/>	<input type="checkbox"/>
Any other benefit payments: veterans disability, black lung sick benefits, dependent indemnity compensation	<input type="checkbox"/>	<input type="checkbox"/>

Welfare assistance: this includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.

☐ ☐

Alimony or Child Support: this includes adoption assistance payments.

	<u>Yes</u>	<u>No</u>
Interest from bank accounts or bonds	<input type="checkbox"/>	<input type="checkbox"/>
Dividends from stocks or mutual funds	<input type="checkbox"/>	<input type="checkbox"/>
Income distributed from trust funds	<input type="checkbox"/>	<input type="checkbox"/>
Money from renting household assets	<input type="checkbox"/>	<input type="checkbox"/>
Any other interest, dividends, or rent	<input type="checkbox"/>	<input type="checkbox"/>
Lottery winnings paid in periodic Payments	<input type="checkbox"/>	<input type="checkbox"/>

Money or gifts regularly given by persons not living in the unit: this includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to sr. citizens, payments received for the care of foster children, or gifts received on a non-recurring basis.

Any other sources of income?

If yes, please specify:

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Signature of Head of Household/Applicant

Date

Signature of Co-Applicant

Date